

TRAINING NEEDS ASSESSMENT MATRIX

REF. NO	GAM/TNA/YYYY-XX
DATE	

															JOB FU	NCTION	NS														REM	ARKS
TRAINING TOPICS	ACCOUNTABLE	MANAGER	QUALITY ASSURANCE MANAGER	QUALITY AUDITOR	QUALITY ASSURANCE PERSONNEL	ENG. MGR / DEPUTY	CHIEF ENGINEER (CE)	ENGINEERING CONTROLLER / DEPUTY	ENGINEER-IN-CHARGE (EIC)	CERTIFYING STAFF / INSPECTOR	WORKSHOP-IN- CHARGE/SUPERVISOR	CERTIFYING STAFF (WORKSHOP)	W/SHOP TECHNICIAN	CERTIFYING STAFF (CALIBRATION)	PROJECT ENGINEER	STORE INSPECTOR	A/C TECHNICIAN	PRODUCTION PLANNER & CONTROLLER (PPC) /	TOOLS STORE SUPERVISOR / PERSONNEL	SUPPLY CHAIN CONTROLLER	PROCUREMENT PERSONNEL	LOGISTICS PERSONNEL	GSE SUPERVISOR / PERSONNEL	CONTINUING AIRWORTHINESS MANAGER / DEPUTY	WEIGHING ENGINEER	AIRWORTHINESS REVIEW STAFF (ARS)	CAMO PLANNER	TECHNICAL SERVICE ENGINEER	TECHNICAL RECORD	TECHNICAL PUBLICATION	INITIAL	RECURRENT

	PREPARED BY	VERIFI	APPROVED BY						
	PREPARED DI	ENGINEERING	CONTINUING AIRWORTHINESS	APPROVED BY					
Signature	:	Signature :	Signature :	Signature :					
Name	:	Name :	Name :	Name :					
Date	:	Date :	Date :	Date :					

Instructions for completing Training Needs Assessment Matrix (GAM/Q-074)

Item	Instructions									
	Enter TNA Reference Number									
Ref. No	For example: GAM/TNA/YYYY-XX where YYYY indicates Year and XX refers to sequence issuance number 01, 02 etc									
Date	Enter date of issuing Training Needs Assessment									
Training Topics	Enter the training title/topics.									
Job Functions	Enter the letter "M" as mandatory or "O" for optional training for the appropriate job functions column. Left the column blank if not applicable									
Initial	Enter "YES" if such training requires initial training.									
Recurrent	Enter "YES" if such training requires refresher/continuation training.									
Prepared by	Enter the applicable name, signature and date of Quality Assurance personnelr who prepares the document.									
Verified by	Enter the applicable name, signature and date of Engineering Manager/Continuing Airworthiness Manager who verifies the document									
Approved by	Enter the applicable name, signature and date of Quality Assurance Manager who approves the document.									